Image# 201609209030975326 PAGE 1 / 15

### **FEC** FORM 3X

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

	or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
KelliPAC			
ADDRESS (number and street)	PO Box 11786		
Check if different			
than previously reported. (ACC)	Ft. Mohave		AZ 86427
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00572941		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:		ur 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (C	01)	r 20 (M4) Jul 20 (M	
July 15 Quarterly Report (C	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	·	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	E) Electi	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electi	on on	in the State of
5. Covering Period 08	01 2016	through 08	M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best o	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	n Douglas McKee		
Signature of Treasurer Doug	las McKee	[Electronically Filed]	Date 09 / 16 / 2016
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **KelliPAC** 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2835.00 January 1, 2016 (b) Cash on Hand at 198937.94 Beginning of Reporting Period..... 514243.00 765388.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 768223.00 713180.94 6(a) and 6(c) for Column B)..... 675185.47 730227.53 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 37995.47 37995.47 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### KelliPAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	-	
(a) Individuals/Persons Other		
Than Political Committees	500000 00	
(i) Itemized (use Schedule A)	509000.00	759750.00
(2) 11-26	5243.00	5638.00
(ii) Unitemized	3243.00	3038.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	514243.00	765388.00
Lines Tr(a)(i) and (ii)	7 014240.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	514243.00	765388.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
		0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, , , , , , , , , , , , , , , , , , , ,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom ochedule 110)	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 1000 1000 (000 10(0) 000 10(0))		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	514243.00	765388.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	514243.00	765388.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			3	
(i		0.00	0.00	
(i	) Non-Federal Share	0.00	0.00	
•	ther Federal Operating			
	xpenditures	0.00	0.00	
. ,	otal Operating Expenditures add 21(a)(i), (a)(ii), and (b))	0.00	0.00	
	ers to Affiliated/Other Party	3.00		
Comm	ittees	0.00	0.00	
3. Contri Federa and O	al Candidates/Committees ther Political Committees	0.00	0.00	
-	endent Expenditures	075105 17	70007.50	
25. Coord	chedule E)nated Party Expenditures	675185.47	730227.53	
(2 U.S	.C. §441a(d)) schedule F)	0.00	0.00	
(300 €				
6. Loan	Repayments Made	0.00	0.00	
7 Loans	Made	0.00	0.00	
8. Refun	ds of Contributions To:			
(a) Ir T	dividuals/Persons Other nan Political Committees	0.00	0.00	
(L) D	Picture Port Constitution	0.00	0.00	
	olitical Party Committees ther Political Committees	0.00	0.00	
( )	uch as PACs)	0.00	0.00	
(d) To	otal Contribution Refunds			
( )	dd Lines 28(a), (b), and (c))▶	0.00	0.00	
0 Othor	Disbursements	0.00	0.00	
.9. Other	Dispuisements	0.00	0.00	
	al Election Activity (2 U.S.C. §431(20))			
` '	llocated Federal Election Activity rom Schedule H6)			
	Federal Share	0.00	0.00	
			222	
,	) "Levin" Share	0.00	0.00	
(a) F	ederal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) To	otal Federal Election Activity (add			
l	ines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
1. Total I	Disbursements (add Lines 21(c), 22,			
	, 25, 26, 27, 28(d), 29 and 30(c))	675185.47	730227.53	
2. Total F	Federal Disbursements			
	act Line 21(a)(ii) and Line 30(a)(ii)			
from L	ine 31)	675185.47	730227.53	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	514243.00	765388.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	514243.00	765388.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 15 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
	ts and Statements may not be sold or used by any pusing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  KelliPAC		
Full Name (Last, First, Middle Initial) Scott Jenson  Mailing Address 21321 E Ocotillo Rd  City Queen Creek  FEC ID number of contributing federal political committee.  Name of Employer Jensen Family Medecine Receipt For:  Primary Other (specify)	#123  State Zip Code AZ 85142  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 20 2016  Transaction ID: SA11AI.4680  Amount of Each Receipt this Period  250.00  Memo Item
Full Name (Last, First, Middle Initial)  Gerald Kirke  Mailing Address 5465 Mills Civik Pkwy  City  West Des Moines,  FEC ID number of contributing federal political committee.  Name of Employer Kirke Financial  Receipt For:  Primary  General  Other (specify)	State Zip Code IA 50266  C Occupation Owner  Aggregate Year-to-Date ▼	Date of Receipt  08 18 2016  Transaction ID : SA11AI.4677  Amount of Each Receipt this Period  1000.00  Memo Item
Full Name (Last, First, Middle Initial) Harry Langer Mailing Address 2350 Dorina Dr  City Northfield  FEC ID number of contributing federal political committee.  Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code IL 60093  C  Occupation Retired  Aggregate Year-to-Date ▼  5000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (opt	ional)	6250.00
TOTAL This Period (last page this line	number only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF 15 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS			for each category of the Detailed Summary Page	11a			
				rson for the purpose of soliciting contributions to solicit contributions from such committee.			
\	ME OF COMMITTEE (In Full)						
	Name (Last, First, Middle Initial) ancy Mcevoy			Date of Receipt			
Mail City	ling Address 943 E Kortsen Rd Unit 15	State	Zip Code	08 23 2016 Transaction ID : SA11Al.4560			
FEC	sa Grande C ID number of contributing eral political committee.	C	85122	Amount of Each Receipt this Period 250.00			
Reti	ne of Employer  ired  eipt For:  Primary General  Other (specify)	Occupation retired Aggregate	Year-to-Date ▼ 250.00	Memo Item			
3. <u>R</u> c	Name (Last, First, Middle Initial)  Debert and Diana Mercer  ling Address 600 Route			Date of Receipt			
City	25A	State NY	Zip Code 11733	08 05 2016  Transaction ID : SA11AI.4361  Amount of Each Receipt this Period  500000.00			
	CID number of contributing eral political committee.	С					
Ren	ne of Employer aissance Technologies	Occupation Financial Co		Memo Item			
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700000.00				
c. <u>R</u> e	Name (Last, First, Middle Initial) obert Naegele			Date of Receipt			
	ling Address 7993 Via Vecchia		7: 0.1	08 29 2016			
City Na	ples	State FL	Zip Code 34108	Transaction ID : SA11AI.4377  Amount of Each Receipt this Period			
	CID number of contributing eral political committee.	С		1000.00			
Slel	ne of Employer  If  Primary General	Occupation Retired Aggregate	Year-to-Date ▼	Memo Item			
	Other (specify) ▼		1000.00				
SUBT	OTAL of Receipts This Page (optional)		······	501250.00			
тота	L This Period (last page this line number o	nly)	·····				

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 15 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KelliPAC Full Name (Last, First, Middle Initial) Thomas Sayer Date of Receipt Mailing Address 545 San Elijo St 04 2016 08 City State Zip Code Transaction ID: SA11AI.4608 CA San Diego 92106 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Shceer Date of Receipt Mailing Address 11422 S Shoshoni Dr 80 23 2016 City State Zip Code Transaction ID: SA11AI.4466 ΑZ Phoenix 85044 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Honeywell Aviator/endineer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. heora Shelley Date of Receipt Mailing Address 10624 E Terra Dr 2016 80 23 City State Zip Code Transaction ID: SA11AI.4456 ΑZ Scottsdale 85258 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF 15 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KelliPAC Full Name (Last, First, Middle Initial) David Smith Date of Receipt Mailing Address 640 N Windsor 2016 08 23 City Zip Code State Transaction ID: SA11AI.4424 Mesa ΑZ 85213 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Self Plumber Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 509000.00 TOTAL This Period (last page this line number only).....

TEMIZED INDEPENDENT EXPENDITURE	is			PAGE 10 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
KelliPAC				C C00572941
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Anedot	<u> </u>	☐ Memo Ite	em Date	of Public Distribution/Dissemination
Mailing Address PO BOX 84314			Amou	
City	State	Zip Code	$ \Box$	689.98
Baton Rouge	LA	70884		action ID : SE.4690 of Disbursement or Obligation
Purpose of Expenditure Online Commission		Category/ Type 003		08 / 30 / 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: House District:
KELLI WARD		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		729743.07	Disbursemer 2016	nt For:   Primary General  Other (specify) ▶
Full Name of Payee Cambridge Analytica		☐ Memo Ite	Date	of Public Distribution/Dissemination
Mailing Address 1 Wales Ave			Amou	unt
City	State	Zip Code	$\dashv \sqcap$	450000.00
Alexandria	VA	22314		action ID : SE.4352 of Disbursement or Obligation
Purpose of Expenditure Consultation, analysis, Television Purchase		Category/ Type 004		08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Soug	ht: House District:
KELLI WARD		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		710303.09	Disbursement 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expendit	turos			
(a) SUBTOTAL OF REHILZER HIROPORDON EXPONENT	ures			450689.98
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	didate or authorized			
Douglas McKee	[Electron	ically Filed]		16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	, 05	10 2010

PAGE 11 OF 15 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00572941
M / D D / Y P Y P Y
f Public Distribution/Dissemination
M / D D / Y Y Y Y
t
21500.00
tion ID : SE.4340 f Disbursement or Obligation
08 01 2016
: House District:
nt 🗶 Senate State: AZ
For: Primary General
her (specify)
f Public Distribution/Dissemination
08 05 7 2016
nt
20000.00
ction ID : SE.4337 If Disbursement or Obligation
08  / 01  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
: House District:
nt Senate State: AZ
For:  Primary General
her (specify) ▶

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
KelliPAC  C C00572941					
				0 000372341	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed	i on May / Dad / Yayayay	
Full Name of Payee		Memo Ite	em	Date of Public Distribution/Dissemination	
Rainmakers				M = M / D = D / Y = Y = Y	
Mailing Address PO Box 1082				A	
				Amount	
City	State	Zip Code		21500.00	
Springfield	VA	22151		Transaction ID : SE.4340  Date of Disbursement or Obligation	
Purpose of Expenditure Fund Raising		Category/ Type 003		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Offic	e Sought: House District:	
KELLI WARD		Oppose		President State: AZ	
Calendar Year-To-Date Per Election for Office Sought		101057.60	Disb 2016		
	,	Name No.		U Other (specify) ►	
Full Name of Payee Rally Forge LLC		Memo Ite	m	Date of Public Distribution/Dissemination	
Mailing Address				08 05 2016	
21401 E Russet Rd				Amount	
City	State	Zip Code		20000.00	
Queen Creek	AZ	85142		Transaction ID : SE.4337  Date of Disbursement or Obligation	
Purpose of Expenditure Signs		Category/ Type 004		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		<b>✗</b> Support	Offic	e Sought: House District:	
KELLI WARD		Oppose		President Senate State: AZ	
Calendar Year-To-Date		'-ii		ursement For: X Primary General	
Per Election for Office Sought		79557.60	2016	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures			• •	41500.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•		
(c) TOTAL Independent Expenditures			•	7 7 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Douglas McKee	[Electroni	ically Filed] Date	M	09 16 2016	
Signature		_ Date	L	الشيا ليا ت	

PAGE 12 FOR LINE 2	OF 15 4 OF FORM 3X					
IDENTIFICATIO	N NUMBER ▼					
C00572941						
/ D = D /	Y Y Y Y Y					
blic Distribution/l	Dissemination					
03	2016					
	18750.00					
ID: SE.4346 sbursement or Obligation						
03	2016					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  KelliPAC	FEC IDENTIFICATION NUMBER ▼
ReliiFAC	C C00572941
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on
Full Name of Payee Rally Forge LLC	☐ Memo Item Date of Public Distribution/Dissemination
	08 03 2016
Mailing Address 21401 E Russet Rd	Amount
City State	Zip Code 18750.00
Queen Creek AZ	85142 Transaction ID: SE.4346  Date of Disbursement or Obligation
Purpose of Expenditure Monthly Payment Digital Meda	Category/ Type 004 08 / 03 / 2016
Name of Federal Candidate	Support Office Sought: House District:
KELLI WARD	Oppose President Senate State: AZ
Calendar Year-To-Date	Disbursement For: Frimary General 2016
Per Election for Office Sought	191553.09
Full Name of Payee Rally Forge LLC	☐ Memo Item Date of Public Distribution/Dissemination
	08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 21401 E Russet Rd	Amount
City State	Zip Code 18750.00
Queen Creek AZ	85142 Transaction ID : SE.4350  Date of Disbursement or Obligation
Purpose of Expenditure Weekly Payment Digital Media	Category/ Type 004 08 / 10 / 2016
Name of Federal Candidate	Support Office Sought: House District:
KELLI WARD	Oppose President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary General 260303.09  Other (specify)
	Guier (specify) /
(a) SUBTOTAL of Itemized Independent Expenditures	37500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Douglas McKee	Mam / Dad / Yayayay
Signature	Electronically Filed] Date 09 16 2016

Signature

	EMIZED INDEPENDENT EXPEND	•			PAGE 13 OF 15 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ł	KelliPAC				C C00572941
С	heck if 24-hour report 48-hour re	eport New re	port Amends repo	ort filed	on M M / D D / Y B Y B Y B Y
	Full Name of Payee Rally Forge LLC		☐ Memo It	em	Date of Public Distribution/Dissemination
	Mailing Address 21401 E Russet Rd				08 23 2016 Amount
	City	Ctata	7in Codo		19750.00
	City Queen Creek	State AZ	Zip Code 85142	7	18750.00  Fransaction ID : SE.4356
	Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
	Weekly Payment Digital Media		Type 004		08 23 2016
	Name of Federal Candidate		<b>x</b> Support	Office	Sought: House District:
	KELLI WARD		Oppose		President State: AZ
	Calendar Year-To-Date Per Election for Office Sought		729053.09	Disbur 2016	rsement For:   ✓ Primary General  Other (specify)   ✓
	Full Name of Payee Titan Strategies		☐ Memo Ite	em	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4003 Woodstone Way				Amount
	City	State	Zip Code		5000.00
	Louisville	KY	40241	-	Transaction ID : SE.4335  Date of Disbursement or Obligation
	Purpose of Expenditure Monthly Consultation Fee		Category/ Type 001		08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		<b>✗</b> Support	Office	Sought: House District:
	KELLI WARD		Oppose		President State: AZ
	Calendar Year-To-Date Per Election for Office Sought		59557.60	Disbui 2016	rsement For:
	(a) SUBTOTAL of Itemized Independent E	Expenditures		▶	23750.00
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		·· •	
	(c) TOTAL Independent Expenditures			▶	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize			
	Douglas McKee	[Electro	nically Filed] Date	, <sup>M</sup> 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

PAGE	14	OF	15
FOR L	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
KelliPAC		C C00572941		
Check if 24-hour report 48-hour report New r	report Amends report file	ed on Man / Dad / Yayayay		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
Titan Strategies  Mailing Address 4003 Wasdatana Way		08 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
4003 Woodstone Way		Amount		
City State	Zip Code	4500.00		
Louisville KY	40241	Transaction ID : SE.4342  Date of Disbursement or Obligation		
Purpose of Expenditure Email List	Category/ Type 004	08  / 01  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	🗶 Support Off	ice Sought: House District:		
KELLI WARD	Oppose	President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	105557.60 Dis	sbursement For: X Primary General  Other (specify)		
Full Name of Payee	Memo Item			
Titan Strategies	_ Wello item	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4003 Woodstone Way		Amount		
City State	Zip Code	67245.49		
Louisville KY	40241	Transaction ID : SE.4344  Date of Disbursement or Obligation		
Purpose of Expenditure Statewide Mailing	Category/ Type 003	08 03 / 2016		
Name of Federal Candidate	🗶 Support Off	fice Sought: House District:		
KELLI WARD	Oppose	President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary General  Other (specify)   Other		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	71745.49		
(b) SUBTOTAL of Unitemized Independent Expenditures	······			
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures		7 7		
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.				
Douglas McKee [Electr	ronically Filed] Date	09 16 2016		
Signature				

ITEMIZED INDEPENDENT EXPENDI	TURES			PAGE 1 FOR LINE	5 OF 15 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICA	TION NUMBER ▼		
KelliPAC				C C00572941			
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo		/ D D D	/		
Full Name of Payee		☐ Memo I	tem Date	of Public Distribution	on/Dissemination		
Titan Strategies			Γ	08 18	2016		
Mailing Address 4003 Woodstone Way			Amou				
City	State	Zip Code	— F		50000.00		
Louisville	KY	40241		action ID : SE.4348			
Purpose of Expenditure Commercil Production		Category/ Type 004		Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		<b>✗</b> Support	Office Sough	nt: House	District:		
KELLI WARD		Oppose	Presid		State: AZ		
Calendar Year-To-Date Per Election for Office Sought		241553.09	Disbursemer 2016	nt For:	ary General		
Full Name of Payee		☐ Memo Ite		Date of Public Distribution/Dissemination			
Í				M = M / D = D	/ Y = Y = Y = Y		
Mailing Address			L				
			Amou	unt			
City	State	Zip Code					
					Date of Disbursement or Obligation		
Purpose of Expenditure	Category/ Type		M M / D D / Y Y Y Y				
Name of Federal Candidate		Support	Office Sough	ht: House	District:		
		Oppose	Presid		State:		
Calendar Year-To-Date			Disburseme	nt For: Prima	ary General		
Per Election for Office Sought				Other (specify)			
(a) SUBTOTAL of Itemized Independent E	xpenditures		· [	7	50000.00		
(b) SUBTOTAL of Unitemized Independen	t Expenditures						
(2) 00210112 0. 0.1110111204 1114050114011				7 7			
(c) TOTAL Independent Expenditures			▶	72 7	675185.47		
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized						
Douglas McKee	[Flactron	ically Filed]	M M /		016		
Signature	Election	Date	9 09	16 2	016		